



# State of New Hampshire 2006 ANNUAL REPORT

The following information shall be given as of January 1  
preceding the due date Pursuant to RSA 293-A:16.22.

REPORT DUE BY April 1, 2006

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE  
WILL BE ASSESSED A LATE FEE.

Filed

Date Filed: 03/08/2006

Business ID: 209565

William M. Gardner

Secretary of State

K BROS., INC.

70 SCOTT DR

WESTBROOK, ME 04092

ADDRESS OF PRINCIPAL OFFICE:

70 SCOTT DR

WESTBROOK, ME 04092

REGISTERED AGENT AND OFFICE:

Chamberlain, Douglas R, Esq

9 CAPITOL ST PO BOX 1256

CONCORD, NH 03302

ENTITY TYPE: CORPORATION

BUSINESS ID: 209565

STATE OF DOMICILE: MAINE

FEDERAL ID: 010436186

DISTRIBUTORSHIP

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.



The new mailing address



The new principal office address

PO Box is acceptable.

OFFICERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE OFFICER BELOW)

NAME Constantine Kapothanasis (President)

STREET 70 Scott Drive

CITY/STATE/ZIP Westbrook, ME 04092

NAME Paul Kapothanasis (Treasurer)

STREET 70 Scott Drive

CITY/STATE/ZIP Westbrook, ME 04092

NAME Michael J. Quinlan, Esq. (Secretary)

STREET P.O. Box 4510

CITY/STATE/ZIP Portland, ME 04112

NAME

STREET

CITY/STATE/ZIP

NAMES AND ADDRESSES OF ADDITIONAL OFFICERS AND DIRECTORS ARE ATTACHED

BOARD OF DIRECTORS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE DIRECTOR BELOW)

NAME Christo Kapothanasis

STREET 70 Scott Drive

CITY/STATE/ZIP Westbrook, ME 04092

NAME Paul Kapothanasis

STREET 70 Scott Drive

CITY/STATE/ZIP Westbrook, ME 04092

NAME Constantine Kapothanasis

STREET 70 Scott Drive

CITY/STATE/ZIP Westbrook, ME 04092

NAME

STREET

CITY/STATE/ZIP

To be signed by an officer, director, or any other person authorized by the board of directors.  
I, the undersigned do hereby Certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here:

Please print name and title of signer:

Constantine Kapothanasis

President

NAME

TITLE

FEE DUE: \$100.00

E-MAIL ADDRESS (OPTIONAL):



WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A  
PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE  
REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED  
MAKE CHECK PAYABLE TO SECRETARY OF STATE  
RETURN COMPLETED REPORT AND PAYMENT TO:  
New Hampshire Department of State, Annual Reports, P.O. Box 9529, Manchester, NH 03108-9529